

Health Department, City of Baltimore.

Permit No. 98612 Office of Registrar of Vital Statistics. Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1887

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Donald M. Donnell.

Sex, Male or Female, Cross out the word not required in this line.

Age, 5 Years, 7 Months, Days

Color, White.

~~Married~~, Single, Widow or Widower, Cross out the words not required in this line. ✓

Occupation, Birth.

Birth Place, State or country, and how long in the United States, if of foreign birth. Birth.

Duration of Residence in the City of Baltimore, Life.

Place of Death, Give Street and Number. 420 Courtland.

Cause of Death, First (Primary), Pseudo-membranous
Second (Immediate), Croup Asphyxia.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 15th 1887

Undertaker, Henry H. Mears J. G. McIlhenny M. D. Consulting Medical Attendant

Place of Business, #413 E. Fayette St Address, Joy & Co. & Co.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98613 Office of Registrar of Vital Statistics.

Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 14th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hyman Goldstein

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 20 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Shoemaker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Russia

Duration of Residence in the City of Baltimore, Three days

Place of Death, { Give Street and Number. } 28 Harrison Street

Cause of Death, { First (Primary), Second (Immediate), } Consumption

Duration of Last Sickness, Has been sick 3 years in Russia and came here in a dying condition

Place of Burial, Eden St Cong.

Date of Burial, March 15th

{ Undertaker, A. C. C. C. C. } A. Friedewald M. D.

{ Place of Business, 188 N. High } Address, 310 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98614

Office of Registrar of

Ward 8th

Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Harry Roberts

Sex, Male or Female, { Cross out the word not required in this line. }

Age, One Years, five Months, 13 Days

Colored red

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, V

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, V

Place of Death, { Give Street and Number. } 803 Donnelly Court

Cause of Death, { First (Primary), Second (Immediate), } Memoria

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Land Cemetery

Date of Burial, March 15th 1887 E. C. Baldwin M. D.

{ Undertaker, William Dungee Medical Attendant. }

{ Place of Business, 150 East St Address, 304 n Exeter St }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 98615 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness, is responsible for the prescription in this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A BURIAL CERTIFICATE

CERTIFICATE OF DEATH

Date of Death, Sunday March 13th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Richard Williams

Sex, *Male* or *Female*, { Cross out the word not } *Male*
required in this line. }

Age, 25 Years, _____ Months, _____ Days.

Color, Black.

Married, Single, Widw or Widower, { Cross out the word not }
 { required in this line. } *Widower*

Occupation Laborer

Birthplace, { State or country, and how } Yorktown, Virginia
 { long in the United States, }
 { if of foreign birth. }

Duration of Residence in the City of Baltimore, Nineteen 16 years

Place of Death, { Give street and } 546 Dover St.
Number, }

Cause of Death. } First (Primary), Tuberculosis of Lungs, Bronchi, & Pleurae.
Second (Immediate), Pharynx.

Duration of Last Sickness, Seven (7) months

All the above information should be furnished to the Physician.

Place of Burial, *Asbury Overgreen*

Date of Burial, *March 15th 1887*

(Undertaker *William Dungee*

Place of Business, 150 East 1st Address, 726 N. Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

[OVER.]

Health Department, City of Baltimore.

Permit No.

8610

Office of Registrar of Vital Statistics.

Ward

19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sedelia E. Shipley

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 4 Years, Months, Days,

Color, Col.

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1510 Vine Street

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis

Duration of Last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 16th 1887

{ Undertaker, William Dungee } B. S. Titcomb, M. D.

Medical Attendant.

{ Place of Business, 150 East St } Address, 836 W. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No.

98617

Office of Registrar of Vital Statistics.

Ward

14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 14th 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Benjamin Smith

Sex, Male ~~or Female~~

Cross out the word not required in this line.

Age,

Years,

Months,

Eight

Days

Color,

Colored or Black

~~Married~~ Single, ~~Widow~~ or ~~Widower~~

Cross out the words not required in this line.

Occupation,

Birth Place,

(State or country, and how long in the United States, if of foreign birth.)

Baltimore - Md.

Duration of Residence in the City of Baltimore,

Eight days.

Place of Death,

(Give Street and Number.)

No 1522 Booth Street

Cause of Death,

First (Primary),

Trismus nascentium

Second (Immediate),

Duration of Last Sickness,

48 hours.

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St. Geme

Date of Burial,

March 16th 1887

Undertaker,

William Duggan

Medical Attendant.

Place of Business,

150 East St

Address,

4502 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permit No. 98618

OFFICE OF REGISTRAR OF VITAL STATISTICS.
MAR 15 1887
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13, 1887

Full Name of Deceased, Carrall Scott
Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male ~~Female~~, { cross out the word not required in this line. }

Age, ✓ Years, 3 Months, 3 Days.

Color, Black

~~Married~~, Single, ~~Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation, ✓

Birthplace, { State or country, (and how) long in the United States. if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } # 529 ~~Stanton~~ Cross St

Cause of Death, { First, (Primary) Second, (Immediate) } Gastro-Intestinal Catarrh

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 15th 1887 Edmund Conlynn M. D. Medical Attendant.

{ Undertaker, Geo Perkins

{ Place of Business, 221 Hamburg Address, # 935 Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 98619 Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or before, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kate Costigan

Sex, Female, { Cross out the word not required in this line. }

Age, 35 Years, _____ Months, _____ Days

Color, white

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 297 East Pratt St

Cause of Death, { First (Primary), Second (Immediate), } Typhoid Fever
Intestinal perforation

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's

Date of Burial, March 18 1887

Undertaker, M. Leary & Sons Dr. J. J. Bennett M. D.

Medical Attendant.

Place of Business, 92 D. Am Address, Broadway & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98640 Office of Registrar of Vital Statistics.

Ward 16ⁿ

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, MAR 15 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie May Harrison

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 3 Months, 14 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 308 S. Stewart Ave

Cause of Death, { First (Primary), Second (Immediate), } Meningitis - 1 wk -

Duration of Last Sickness, 1 wk -

All the above information should be furnished by the Physician.

Place of Burial, Mt. Airy B. & O. R. R.

Date of Burial, Mar. 16/87. Wm A. B. Sullivan M. D.

{ Undertaker, J. B. Cook } Medical Attendant.

{ Place of Business, 1003 W. Balto St. Address, J. E. Biddle St }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4588 Transit

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm.1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 9862/ Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, March 14th, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Maria Neubauer.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1 Years, 1 Months, 13 Days

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 315 Pearl St.

Cause of Death, { First (Primary), Tubercular Meningitis
Second (Immediate), Asthenia }

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cmt

Date of Burial, March 16 1887 J. M. D.

{ Undertaker, A. Rosenberg } Medical Attendant.

{ Place of Business, 61 Park Ave } Address, 639 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]